FOUNTAIN VIEW CARE CENTER

50 WOLVERTON AVE

RIPON 54971 Phone: (920) 748-5638		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	85	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	85	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	76	Average Daily Census:	73

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	 Less Than 1 Year 1 - 4 Years	38.2 43.4
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	 Under 65	5.3	1 - 4 fears More Than 4 Years	18.4
Day Services	No	Mental Illness (Org./Psy)	6.6	65 - 74	11.8		
Respite Care	No	Mental Illness (Other)	3.9	75 - 84	32.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.5	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	1.3		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	26.3	65 & Over	94.7		
Transportation	No	Cerebrovascular	1.3			RNs	6.9
Referral Service	No	Diabetes	9.2	Gender	%	LPNs	12.0
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	51.3	Male	25.0	Aides, & Orderlies	35.0
Mentally Ill	No			Female	75.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2	1	Family Care		1	Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.2	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	7	100.0	330	41	91.1	114	0	0.0	0	19	100.0	185	2	50.0	114	1	100.0	253	70	92.1
Intermediate				3	6.7	95	0	0.0	0	0	0.0	0	2	50.0	95	0	0.0	0	5	6.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		45	100.0		0	0.0		19	100.0		4	100.0		1	100.0		76	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		 Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	13.1	Daily Living (ADL)	Independent	One	Or Two Staff	-	Residents
Private Home/With Home Health	0.0	Bathing	2.6		50.0	47.4	76
Other Nursing Homes	0.0	Dressing	15.8		77.6	6.6	76
Acute Care Hospitals	79.4	Transferring	22.4		67.1	10.5	76
Psych. HospMR/DD Facilities	0.0	Toilet Use	22.4		67.1	10.5	76
Rehabilitation Hospitals	0.0	Eating	76.3		18.4	5.3	76
Other Locations	7.5	******	******	*****	******	******	*****
Total Number of Admissions	107	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.6	Receiving Resp	iratory Care	10.5
Private Home/No Home Health	48.1	Occ/Freq. Incontine	nt of Bladder	59.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	47.4	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	11.1	Mobility			Receiving Tube	Feeding	1.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	38.2
Rehabilitation Hospitals	0.0						
Other Locations	10.2	Skin Care			Other Resident C	haracteristics	
Deaths	30.6	With Pressure Sores		6.6	Have Advance D	irectives	93.4
Total Number of Discharges		With Rashes		5.3	Medications		
(Including Deaths)	108				Receiving Psyc	hoactive Drugs	76.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	8	Ratio	왕	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.9	94.4	0.91	88.5	0.97	87.7	0.98	88.8	0.97
Current Residents from In-County	71.1	77.1	0.92	72.5	0.98	70.1	1.01	77.4	0.92
Admissions from In-County, Still Residing	20.6	24.2	0.85	19.6	1.05	21.3	0.96	19.4	1.06
Admissions/Average Daily Census	146.6	115.9	1.26	144.1	1.02	116.7	1.26	146.5	1.00
Discharges/Average Daily Census	147.9	115.5	1.28	142.5	1.04	117.9	1.26	148.0	1.00
Discharges To Private Residence/Average Daily Census	71.2	46.1	1.55	59.0	1.21	49.0	1.45	66.9	1.06
Residents Receiving Skilled Care	93.4	97.0	0.96	95.0	0.98	93.5	1.00	89.9	1.04
Residents Aged 65 and Older	94.7	97.0	0.98	94.5	1.00	92.7	1.02	87.9	1.08
Title 19 (Medicaid) Funded Residents	59.2	64.4	0.92	66.3	0.89	68.9	0.86	66.1	0.90
Private Pay Funded Residents	25.0	24.7	1.01	20.8	1.20	19.5	1.28	20.6	1.22
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	10.5	35.9	0.29	32.3	0.33	36.0	0.29	33.6	0.31
General Medical Service Residents	51.3	24.7	2.07	25.9	1.98	25.3	2.03	21.1	2.44
Impaired ADL (Mean)	44.5	50.8	0.88	49.7	0.90	48.1	0.92	49.4	0.90
Psychological Problems	76.3	59.4	1.29	60.4	1.26	61.7	1.24	57.7	1.32
Nursing Care Required (Mean)	7.7	6.8	1.14	6.5	1.19	7.2	1.07	7.4	1.04